DOCUMENT RESUME

ED 457 420 CG 029 827

AUTHOR Lewis, Mary Miller
TITLE The Utility of Existential Therapy with Older Adults.
PUB DATE 2000-03-24
NOTE 19p.; Poster presented at the Annual Conference of the American Counseling Association (Washington, DC, March 20-25, 2000).
PUB TYPE Information Analyses (070) -- Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Case Studies; *Counseling Techniques; *Counselor Training; Death; *Existentialism; Life Events; *Mental Health; *Older Adults; *Therapy
IDENTIFIERS Life Meaning; *Meaningfulness

ABSTRACT

Older adults, defined as those aged 65 or older, are rapidly becoming the largest group of individuals in the United States. As this population steadily increases, so will the demand for adequate and appropriate mental health care. Counselors need to be prepared to meet this increasing demand by understanding efficacious ways to conceptualize and intervene with older adults. Existential theory and therapy is one tool to conceptualize older adults in counseling and is uniquely suited for therapy with older adults by its direct focus on late-life issues such as death and meaningfulness. This paper provides a brief overview of the existential theory, followed by a discussion of how to meet the mental health needs of older adults by utilizing existential techniques. Two therapy cases are presented as preliminary evidence that existential therapy can be useful with older adults. The limitations of this approach are also discussed. (Contains 14 references.) (Author/GCP)

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The Utility of Existential Therapy with Older Adults

Mary Miller Lewis

The University of Akron

Author's Note: Mary Miller Lewis is a doctoral student in the Department of Psychology, The University of Akron, Akron, OH 44325-4301.Correspondence regarding this presentation may be sent to her at that address. Electronic mail may be sent via Internet to marylewis@earthlink.net.

The names and demographic information of the individuals presented in the case studies have been changed to protect their anonymity and preserve confidentiality. The author would like to thank her clients for allowing her to work with them, learn from them, and develop the ideas this paper is based on.

Poster session presented at the American Counseling Association Annual Conference, Washington, DC on March 24, 2000.

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Abstract

Older adults, defined as those aged 65 of older, are rapidly becoming the largest group of individuals in the United States. As this population steadily increases, so will the demand for adequate and appropriate mental health care. Counselors need to be prepared to meet this increasing demand by understanding efficacious ways to conceptualize and intervene with older adults. Existential theory and therapy is one tool to conceptualize older adults in counseling, and is uniquely suited for therapy with older adults by its direct focus on late-life issues such as death and meaningfulness. Two therapy cases will be presented as preliminary evidence that existential therapy can be useful with older adults. The limitations of this approach will also briefly be discussed.

The Utility of Existential Therapy with Older Adults

Individuals aged 65 and older are the fastest-growing segment of the population. Figures estimate that by the year 2010, older adults will make up over 17% of the United States population (Treas, 1995). Life expectancies are increasing as well, with women living an average of 80 years, and men 73 years (Zarit & Knight, 1996).Although poor health and cost were cited as major barriers to psychotherapy with older adults in the past, no longer is this the case for the majority of individuals, with individuals living healthier, better educated, and financially more secure as they age (Zarit & Knight, 1996).

Therefore, as the overall numbers of older adults increase, so will the number of those older adults seeking mental health services. To meet this need, counselors will need to explore the validity and utility of traditional psychotherapy theories and techniques with older adults.

The purpose of this presentation is to discuss the utility of the Existential theory and therapy with older adults. Specifically, a brief overview of the Existential theory will be given, followed by a discussion of how to meet the mental health needs of older adults utilizing Existential techniques. Two clinical case examples will be given to demonstrate specific Existential interventions and techniques. The use of Existentialism with diverse older adults will briefly be discussed, as will the limitations of this approach.

Existential Theory & Therapy: A Brief Overview

Existential theory is a collection of theories originating from the philosophies of Kierkegaard, Nietzsche, Heidegger, Sarte, and others (Kaufmann, 1989). Psychologists who have contributed significantly to Existential psychology include Frankl, May, Bugental, and Yalom (Lewis & Moore-Tytler, 1998). Not unlike other psychological theories that are subsumed under

an umbrella label, the theories that make up "Existentialism" are also diverse in their breadth and depth. However, existential theories do have several constructs in common. These consistent tenants and beliefs will be the focus of this discussion.

The basic underpinning of existential theory is the search for personal, unique meaning for individuals. Frankl (1992) stated "man's search for meaning is the primary motivation in his life, and not a 'secondary rationalization' of instinctual drives" (p. 105). Thus, the search for meaning is the driving motivational force. The search for meaning does not refer to the search of meaning of life in general, but rather refers to the meaning of life for that individual at that moment (Frankl, 1992). In this way, meaning for an individual can fluctuate from moment to moment, or may remain stable over time. If an individual does not have meaning in her life, or is experiencing meaninglessness, she will experience existential anxiety. Therefore, for counseling, many clients have come to therapy to resolve this lack of meaning, in order to find meaningful existence that is essential to authentic living (Lewis & Moore-Tytler, 1998).

The search for meaning, then, is the underlying basic component of existentialism. Yet, this is not the only piece of existentialism. There are other existential values and tenets which play a part in counseling and in assisting clients in finding meaning in their life (Lewis & Moore-Tytler, 1998). Authenticity is the first construct, and is defined as the point when "one's being is in harmony with the being of the world itself" (Bugental, 1965, p. 33). For the most part, individuals are always less than perfectly authentic; however, it is this striving to be authentic that makes us human. For those individuals who are not living authentically and do not strive to become authentic, they may be develop neurotic anxiety. Therefore, the goal of counseling is to examine that neurotic anxiety, discover what is both authentic and inauthentic in the client's life,

and facilitate the search for authenticity. However, counselors and clients should also keep in mind that there will always be authentic conflict in life (Lewis & Moore-Tytler, 1998).

A second construct of existentialism is freedom. The construct of freedom refers to the "freedom to choose" (Bugental, 1965, p. 23). We all have choices in our lives, and must make those choices every day. However, we have the freedom to make the choice that we desire. At times, clients may feel as if they "have no choice." However, there is always an aspect of choice in every decision, no matter how forced it is. In fact, many individuals may choose "not to choose", leaving decisions up to other individuals. Again, this is a choice that the individual has voluntarily chosen, although perhaps not consciously. One goal in counseling would be to make this freedom explicit, with clients taking responsibility in making their choices.

With that in mind, a third construct of existentialism is responsibility. Responsibility can be defined as "the affirmation of one's being as the *doer* in contrast to the acceptance of the role of the *object* done-to" (Bugental, 1965, p. 23). In other words, individuals affirm their role as taking action and being the person making choices, rather than having those decisions made for them. In therapy, counselors can help validate the individual's responsibility for decisions, and encourage continued individual responsibility. In addition, the concept of responsibility also refers to the individual's responsibility to find meaning in their life, rather than having other people (e.g., parents, peers) define it for them (Frankl, 1992; Lewis & Moore-Tytler, 1998). This concept may be especially salient if the individual in counseling feels like other people have made choices for her throughout her life, and counseling would focus on that individual taking responsibility for her actions and decisions, despite other influences on her life.

The last existential concept is that of death. At the most basic level, death means "the

absence of life" (Lewis & Moore-Tytler, 1998, p. 4). Within existentialism, the construct of death means the recognition that there is limited time to find meaning and authenticity in life. Frankl stated that individuals "cannot be replaced, nor can his life be repeated" (p. 113). Thus, an inescapable part of life is death. When faced with this idea of finite time, indivduals may experience existential anxiety (Bugental, 1965).

Existentialists also discuss the construct of existential aloneness, which recognizies that "one can never attain full and complete communication with another person" (Lewis & Moore-Tytler, 1998, p. 7; Bugental, 1965). In other words, no one, not even a counselor, can fully understand the individual's inner world. Only the client will fully know what it is to look out from behind her eyes, and again, recognition of this construct may create existential anxiety.

Thus, the existential concepts of meaningfulness, authenticity, freedom, responsibility, death, and existential aloneness can be used in counseling. Frankl (1992) suggets that there are three primary ways in which people can find meaning in their lives, and counselors can help facilitate the use of these techniques. First, individuals can create a work or deed. By creating a work and doing something, individuals can find meaning. For example, many people find meaning in their work by creating a work of art or helping someone. Second, individuals can encounter or experience someone or something. Specifically, counselors can provide a "genuine encounter" for the client, facilitating authentic interaction and genuineness with the client. Third, individuals can find meaning in their lives by "the attitude we take toward unavoidable suffering" (Frankl, 1992, p. 115). Although suffering is not necessary to find meaning, it is one way through which individuals can find meaning in their life.

In general, existentialism focuses on helping individuals find meaning in their life, in the

limited time that they have on earth. Psychological problems and distress are the result of existential meaninglessness, and the search for meaning is a therapeutic mechanism by which to reduce disress. Existentialism is one therapy technique that is highly indivdualized and subjective, and uses the therapy relationship as a technique to help the client find meaning in her life, alleviating feelings of emptiness and distorted self-awareness (Bugental & Bracke, 1992). For older adults, existentialism may be particularly useful as a conceptualizing theory and therapeutic technique due to the unique issues experience by those at the end of the life span. The next section will discuss the mental health needs of older adults, which will be followed by a section on how existentialism can be utilized to meet the mental health needs of older adults in counseling.

Mental Health Needs of Older Adults

In 1963, Erikson proposed that the major developmental task for adults in later life was finding ego integrity versus despair. Erikson was one of the first psychologists to propose that older adults still have unresolved developmental conflicts, and fueled attention on developmental transitions in older adults (Nordhus, Nielsen, & Kvale, 1998). In general, aging involves developmental tasks of adjusting to and experiencing personal, interpersonal, and social losses, all which require the individual to reintegrate her sense of self (Nordhus et al., 1998). For example, an older male who retires must adjust to his new role of "retired" and "not working", although he may have spent the last 50 years of his life working. Individuals also experience physical losses throughout older age, with response times slowing, number of illnesses and medical problems increasing, and memory sometimes failing (Knight, 1996). Thus, older adults deal with issues of changing identity and meaning later in life, particularly when they have both

social, emotional, and physical changes happening in their lives.

Older adults also often deal with depression when experiencing these changes in their lives. Despite the assumption that older adults become depressed as they age, current prevalence figures of mental disorders for individuals aged 65 and older are lower than those rates in younger age groups (with the exception of dementia; Nordhus et al., 1998). As the current baby boom cohort ages, there may be a rise in rates of depression due to the sheer increase in numbers and the already high rates of depression that exist in the baby boom cohort (Nordhus et al., 1998). Therefore, depression is another mental health issue that is relevant for counselors to consider with older adults.

As with other populations, older adults also suffer from different mental illnesses, such as obsessive compulsive disorder, schizophrenia, anxiety disorder, and the such. Additionally, other symptomatologies may be seen more frequently among older adults -- sleep and appetite problems, affect disturbance, dysphoria, and increased fatigue (Nordhus et al., 1998). Complicating the diagnoses of mental health problems for older adults is also their increased risk for medical health problems and chronic illness, which may influence mental status (Nordhus et al., 1998). These changes in physical health may change the older adult's perception of him or herself, and create a change in identity.

Overall, older adults deal with several different mental health issues which force change in the older adult's life. With these environmental, physical, and support changes, older adults may need to adjust their sense of identity and the way they find meaning in their life. Existentialism may be one appropriate technique to deal with these changes in identity and meaning, and help older adults adjust to the suffering that they may experience in later life.

Existentialism and Older Adults

From the discussion above, it appears that existential approaches to counseling may be uniquely equipped to handle some of the mental health needs of older adults. Specifically, the concept of finding meaning in life can be used to target the changing identities and meanings that older adults have as their lives change as they age. Changes in lifestyle, such as retirement, can bring the construct of freedom to the forefront, especially when discussing the freedom to choose. Also, the concept of choice can be used to help older adults explore their options as they age, particularly if those choices feel limited (e.g., in nursing home settings). As older adults get closer the prescribed age of "life expectancy", they may be thinking more about the end of life -- for which the existential construct of death can be discussed during counseling.

Existential constructs seem to conceptually fit well with the issues of later life that older adults may bring to counseling. However, with most managed care and health maintenance organizations that individuals use to pay for counseling, counselors must demonstrate the efficacy and utility of specific approaches to counseling. The following case studies present some preliminary evidence for the utility of the existential approach with older adults.

Case Study #1: Delores

Delores is a 88 year-old heterosexual Native American and Caucasian woman currently residing in a nursing home. She suffered from depression. She was initially referred to therapy due to uncontrollable fits of sobbing and suicidal ideation. Delores also did not find any of her usual activities pleasurable, although during her first few years in the nursing home she drew great pleasure from helping other residents and creating works of art.

After developing a therapeutic alliance with Delores and an extensive life history

reviewed, existential constructs were introduced into therapy. After several years in the nursing home, Delores had felt that she had "lost meaning" in the activities that she used to do, and that she was no longer "worth anything" to the other residents or staff. She could articulate that she knew "something was wrong," but could not verbalize exactly what it was. Delores remarked several times that she thought it might be "time to go."

Existentialism was used specifically to help Delores explore her changing identity, and how the things that used to bring meaning into her life had changed (e.g., her artwork). Several sessions focused on how Delores used to identify herself (as mother, artist, and independent), and how those identifications had changed (to nursing home resident, bored, and dependent). The authenticity of those new identities were explored, and Delores determined that she felt "lost in the shuffle" of the nursing home. She began to attend activities on a regular basis and even left the nursing home each week to attend outside events, as a way to re-introduce her identity of "independent." Several sessions focused specifically on Delores's artwork, and how that was meaningful to her. She articulated that the reason she discontinued producing artwork was because no one else took pleasure in it, although it still brought pleasure to her. The counselor and Delores took time reconstructing the meaningfulness of each artistic activity, and how she could utilize the pride she took in her art to also reinforce her self-identified meaning in giving others pleasure.

The construct of freedom of choice was also introduced to Delores, especially because she had articulated feelings of being restricted, stating "what can I do?"She explored choices of what she could do in the nursing home, and what she was limited to do because of her physical disabilities. Delores grieved the loss of her fully functioning body, but eventually realized that

there were choices each day, even if that choice was to not do anything. She could articulate the choices that she had, even if those choices were not necessarily the ones that she wished she could have.

At termination, Delores had stopped making suicidal remarks, and participated in each activity that the nursing home offered. She still cried occasionally, although the frequency of the tearful episodes significantly decreased (as reported by staff). The crying was also seen as a healthy coping mechanism rather than a symptom of depression, and Delores was encouraged to verbalize her feelings to staff whenever she felt herself becoming depressed again. Due to the chronic nature of Delores's depression, she was also encouraged to seek counseling again if needed.

Case Study #2: Sandra

Sandra is a 83 year-old heterosexual Caucasian female who recently lost her sight due to macular degeneration. Due to her vision loss and other physical ailments, she was required to move into a nursing home. Sandra was referred to therapy because she was losing weight, refused to participate in activities that used to be pleasurable for her, and was spending most of her day shut in her room. She was diagnosed with Major Depression, and was seen by a counselor at the request of her family.

During initial sessions, Sandra was suspicious of counseling and used sessions primarily to talk about the weather or the food at the nursing home. The counselor spent time after the third session to explain the course of counseling to Sandra, how it was her right as a client to discontinue if she felt that counseling was not useful, and the counselor's approach to therapy. Sandra had never been in counseling before, and from family reports, was a very private person.

It took approximately 10 sessions to build a strong rapport with Sandra, and for her to tell the counselor how she was feeling. Sandra reported feeling as if she was "shut in a box" because of her blindness, and feeling "trapped." Despite feeling boxed in, Sandra also stated that "sometimes it feels like a vast expanse of nothingness, and I'm all alone there." The construct of existential aloneness was introduced to Sandra at this point in therapy. When asked what types of things helped her feel less isolated, Sandra talked extensively about her family and children. She had raised four children during her life, and missed them quite a bit. The social support that she gained from her family was crucial when adjusting to life in the nursing home, but several of the children had recently moved so far away that they could not leave.

At this point, the counselor and Sandra began to explore what types of things she found meaningful in her life, and how that played a part in her authentic identity. Sandra stated that she had always lived for her children, and that they were what brought meaning into her life. However, because they had moved far away and did not visit often, things seemed "hopeless and meaningless." An effort to explore additional meaningful things revealed that Sandra utilized religious faith and friends in the nursing home to adjust, and that those things "helped me feel better." Sandra's identity as an independent caregiver had changed drastically, and she now was the one that needed to be fully cared for because of her blindness. Again, the concept of authenticity became important, because Sandra felt that she was living an inauthentic lifestyle. The limitations of her life due to physical restrictions was discussed, and the counselor and Sandra talked extensively about how she felt "forced" to change her identity. Again, freedom of choice became an important concept, especially after the counselor and Sandra talked about her freedom to NOT choose, or choose to not accept her blindness and not accept her disabilities.

With each choice offered, Sandra and the counselor talked about the consequences of each choice.

At termination, Sandra had openly stated that she was "making a choice to fight" and not remain depressed. Although she still missed her family terribly, she sought out medical opinions on repairing her vision (if that was an option) and began physical therapy to walk more. She stated that she could confide in several friends at the nursing home, and she would explore alterative activities with the activities director in the home. She maintained her weight, and staff reported an increase in out-of-room activities.

Limitations

As the two case studies illustrate, existential theory and therapy can be useful when conceptualizing and working with older adults. These two cases were only brief descriptions of longer and more intense sessions of therapy, but give some insight into specifically how existential therapy can be used with older adults. These two cases are limited in that both cases were women, lived in the nursing home, and had Caucasian backgrounds. Despite these limitations, the cases presented could be taken as preliminary evidence for the utility of existentialism with older adults. Like all therapies, existentialism has several limitations with other adults which are important to discuss.

First, existentialism is a theory which many times requires cognitively-intact individuals who can think abstractly. The constructs of "freedom," "meaningfulness", and "authenticity" are ones that require higher-level cognition. Therefore, individuals with early-stage dementia or lower intelligence may not understand the constructs that make up the basis of existentialism. However, some of the basic constructs of existentialism -- choice and responsibility -- are ones

that most individuals can understand. Freedom of choice is one factor which has been empirically shown to alleviate stress and increase satisfaction (e.g., McConatha, McConatha, Jackson, & Bergen, 1998), and this may be particularly true when living in an institution such as a nursing home (e.g., Johnson, Stone, Altmaier, & Berdahl, 1998). Therefore, helping older adults who live in the nursing home recognize the number of choices they have (although they may not feel they have any choices) will create alleviate of distress. Additionally, the responsibility of making those choices can be presented to the individual at a basic level of "this is your choice, and no one else's."

Second, not all individuals may conceptualize the world in an existential manner, nor are they willing to work with a counselor who conceptualizes clients in that way. Some clients may be uncomfortable discussing what types of things bring meaning in their lives, or whether they are living authentically or not. Particularly in an age when medication is seen as a "cure-all," and empirically validated treatments are being touted as the appropriate way to conduct therapy, counseling-savvy clients may not want to explore the ambiguous and abstract nature that makes up the existential theory. Again, all clients are free to discontinue counseling if they feel dissatisfied or uncomfortable if the way that counseling progresses. If this occurs, the counselor should be prepared to refer clients to another counselor with a different theoretical orientation.

As with all theories and therapies, there may be additional limitations in terms of applicability of existentialism to women, ethnic and racial minorities, lesbian, gay, or bisexual individuals, religious or spiritual individuals, or individuals with disabilities. In the case of Delores, whose ethnicity was both Native-American and Caucasian, existential therapy seemed helpful to her, both by self- and other-report. However, another Native American individual may

not wish to explore his or her individual "meaning," and rather prefer to discuss the meaning of his or her particular tribe and faith beliefs. Additionally, abstract constructs such as "suffering" and "authentic encounter" may not have the same meaning in diverse cultures as it does in the primarily Caucasian cultural background of existential theorists. This is one area which future research should explore, and determine whether existentialism can be effectively utilized with these diverse groups.

Conclusion

As adults over the age of 65 become the largest group in the United States, counselors will need to increasingly be prepared to deal with the mental health needs that older adults bring to the counseling setting. Existential theory and therapy may be one way to conceptualize older adults that is congruent with the mental health needs of older adults and is an efficacious counseling orientation. This paper has presented two cases of individuals who were helped utilizing existential concepts and tenets. Although existentialism may not be efficacious with all older adults, it is one way of conceptualizing and working with older adults that may be particularly suited for this group.

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